

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH No. 11

-62-019907

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 291

Primary Registration District No.

Registrar's No. 76

FILED JUN 5 1962

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Putnam		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) Rural Union Twp.		c. CITY OR TOWN Des Plaines	
c. FULL NAME OF (If NOT in hospital, give location) Unionville, Missouri		d. STREET ADDRESS (If outside, give location) 345 Stratford Rd. East	
3. NAME OF DECEASED (Type or print) First James Middle A. Last Clarity, Jr.		4. DATE OF DEATH Month May Day 22 Year 1962	
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6/9/25
9. AGE (last birthday) 36		10. IF UNDER 1 YEAR IF UNDER 24 HR Months 11 Days 28 Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done Sales Manager		10b. KIND OF BUSINESS OR INDUSTRY North West Unit	
11. BIRTHPLACE (City and state or country) Minneapolis, Minnesota		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME James A. Clarity, Sr.		13b. MOTHER'S MAIDEN NAME Agnes Cassidy	
14. NAME OF HUSBAND OR WIFE Georgia Clarity		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes	
16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Sister, Mrs. Jean Kirby, St. Paul, Minn.	
18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple injuries DUE TO (b) from plane crash DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Crash of Continental Flight 11	
20c. TIME OF INJURY 9:45 p.m.	Month, Day, Year 5-22-62	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) on farm	
20e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. CITY, TOWN, OR LOCATION Union Twp.	COUNTY Putnam	STATE Mo.
21. I attended the deceased from [REDACTED] to [REDACTED] and last saw her alive on [REDACTED]. Death occurred at 9:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE [Signature]		22b. ADDRESS Unionville, Missouri	
22c. DATE SIGNED 5/24/62		22d. NAME OF CEMETERY OR CREMATORIUM Fort Snelling National	
22e. LOCATION (City, town, or county) Fort Snelling, Minnesota		22f. REGISTRAR'S SIGNATURE [Signature]	
24. FUNERAL DIRECTOR [Signature]		25. DATE RECD. BY LOCAL REG. 5-24-62	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *Donald P. Leggin*

Licensed Embalmer No. 3792

P. O. Address *Miles Me*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.